

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		1				
5		13				
6		1				
7		1				
8	2	1				
9	1	④				
10	④	1				
11	④	1				
12	④	1				
13	1	④				
14	④	1				
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50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	13	←		←		←
TOTAL CLAIMS	14					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓				↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						